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Page 2: About Agencies Scheduled for Study

Q1

Please share any comments, suggestions or concerns you may have about these agencies, including any observations about the way the agency shares information online. Please note your responses will be posted online and may be included in a Committee report.

Corrections, Department of

My loved one tested positive for COVID-19 on Aug 9. Since testing positive for the virus, he is in solidarity confinement. He has no television, hasn't had a shower for more than three weeks (increasing his susceptibility to gangrene), no phone privileges, and minimal human contact. My loved one is not mentally or physically coping well with the isolation. He has not had to opportunity to even purchase batteries for his radio to break the silence. The institution did not call my family or me, which is proper protocol per Stirling when he testified before the House Oversight Committee. I began calling the institute when my loved one didn't call me for days. After repeated calls, the staff notified me that he tested positive for COVID-19. My loved one has been an infirm patient for almost two years after being severely beaten by gang members resulting in right-side MCA stroke, secondary bleeding, and carotid artery dissection requiring an emergency craniectomy. He is cognitively and physically disabled with severe brain damage and paralysis. He has the mental capacity of an 8-12-year-old, confined to a bed or wheelchair requiring 24/7 care for the rest of his life. His life forever altered because of SCDC inability to staff their facilities adequately. The correctional facilities have been understaffed by 20-50% for years -per the audit report provided to the Legislative Oversight Committee. As of today, nothing has changed. The deterioration has only gotten worse. The COVID-19 pandemic has publicly exposed the SC prison system's failing infrastructure that existed before the pandemic. It is my understanding; the Governor can use the executive authority granted to him under a state emergency to persuade and encourage policy change. Suppose this is accurate. H3322, in its current draft or a modified version, could partially or fully remedy some of the critical issues within SCDC, e.g., failure to provide nutritional meals, sanitary housing, protection for staff and inmates, adequate medical care, and PPEs. When I recently spoke to COs and medical staff, they shared the facility is so short-staffed there is one guard making rounds in the infirmary and one nurse on the floor trying to manage the wellbeing of all the infirmary patients. The Chaplain promised twice my loved one would have the opportunity to call home. Of course, there has been no call. Some infirm patients are fully or partially bedridden. They lay in their urine and feces for hours, bathed when staff and time permits, dependent on someone to give them a drink and feed them. Understaffing an infirmary could be dangerously negligent and reckless, resulting in injuries and deaths. As many are aware, limited resources and overcrowding is due to decades of excessive prison

sentences due to the mandatory minimum sentencing of 1986 and 1988, and 1994 Tough on Crime legislation. These laws were undoubtedly meant to increase incarceration in an attempt to crack down on crime, but its implementation doesn't prove to have done much in fixing the drug epidemic. It's only led to more and longer prison sentences, more prison cells, and more aggressive policing. SC incarcerates 1,300-1,350 geriatric (over 60) and palliative care inmates costing taxpayers millions each year. Keeping infirm patients serves no purpose when they are no threat to society. It costs 3-4 times more to house them. The continued incarceration of such prisoners is senseless and inhumane. My loved one met all the prerequisites for a medical furlough but did not qualify because the current statute prevents any non-parolable inmate from being released early under no circumstances. In my loved one's case, receiving a non-parolable sentence could quickly become a death penalty. Many people believe if an inmate is non-parolable, they committed a hideous crime -this is far from the truth. It could be a drug possession or property theft offense valuing less than \$1,500. Prosecutors are using mandatory sentencing laws to intimidate offenders into taking plea deals. Most offenders in the system are indigent and cannot afford thousands-ten thousands of dollars for defense. Therefore, contributing to more overcrowding in the prison system. In summary, if SCDC can't extend fundamental human rights to all inmates, e.g., protection from abuse, nutritional meals, access to adequate mental and medical care, and sanitary housing, the State needs to find another way of running the correctional facilities. The most reasonable course of action is to pass SC House Bill 3322, giving more statutory authority and oversight where it is needed the most. Send geriatric and incapacitated inmates home to their families. They pose no threat to society. Secondly, utilize home confinement for non-violent offenders. Thirdly, release qualified inmates incarcerated for possession, particularly those with marijuana charges. It's perverse logic to detain individuals for years for a drug that drives tax revenue in some states. It's time for a change. Politicians should stop the vote pandering on both sides of the aisle. It's an insult to constituents, and it's a slap in the face to the inmates' families. The State has a solution, and now they need to take action when it is most needed. If the Senate, the House, Legislative Council, Governor's office, PPP, and SCDC cannot independently address the issues at hand and lack authority under current statutes. Come together to resolve the problem. Pass House Bill 3322. If Legislators don't bring H3322

to the floor for an emergency vote, constituents (republicans, independents and democrats) will know the SC Executive Branch does not care how many inmates die from COVID-19. House Bill 3322 was important before the COVID-19 pandemic. Now, the passing of the Bill is more critical than ever. The Bill is a logical response to the COVID-19 crisis. It will help reduce the inmate population that poses no risk to society, allowing reallocation of vital resources to ensure staff and inmates' safety. H3322 includes a Compassionate Release program similar to the bipartisan First Step Act. I'm sure in good faith, Legislators and/or Parole Board could swiftly change current policies to afford parolable and non-parolable inmates an opportunity for a medical leave under extraordinary circumstances. A medical furlough does not relinquish the inmates' obligation to complete their sentences. A prison sentence that was just when imposed, could become cruel and senseless if not altered because of changed circumstances. An inclusive and fair medical furlough program is merciful. It recognizes the need for end-of-life dignity, financial and the emotional distress placed on the inmates' families, and reduces the system's financial liability caring for the most critical, vulnerable and costly group of inmates.

Page 3: There are three questions seeking general information.

Q2

45-54 years old

What is your age?

Q3

South Carolina resident and do not fall into any of the categories below

Which best describes your current role?

Q4

Spartanburg

In which county do you live?
